

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-007998

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 9

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0821

2 0821

3

4 1

5 2

6

7 1

8 2

9 443X

10

11

12 90-2

13 1-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED MAR 13 1963

1. PLACE OF DEATH a. COUNTY <u>Pike</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bowling Green</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>419 West Main St.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> c. CITY OR TOWN <u>Bowling Green</u> d. STREET ADDRESS (if outside, give location) <u>419 West Main St.</u>	
3. NAME OF DECEASED (Type or print) <u>SAMMIE LOLA SANDERSON</u>		4. DATE OF DEATH <u>March 3, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-31-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House-Keeping</u>	9. AGE (last birthday) <u>82</u>
11a. FATHER'S NAME <u>James M. Turpin</u>		11b. MOTHER'S MAIDEN NAME <u>Lucy Mac Penn</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT <u>Mrs. Ervin Henderson, Bowling Green, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema, Acute</u> DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Hypertensive Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> <u>2 wks.</u> <u>Years</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:20</u> a.m. <u>P.M.</u> Month, Day, Year <u>Jan. 15, 1963</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Indian Creek</u>		20f. CITY, TOWN, OR LOCATION <u>New Hartford, Missouri</u>	
21. I attended the deceased from <u>Jan. 15, 1963</u> to <u>March 3, 1963</u> and last saw him/her alive on <u>March 3, 1963</u> Death occurred at <u>4:20 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Jack R. Williams</u> (Degree or title) <u>MD</u>	
22b. ADDRESS <u>214 W. Church, Bowling Green, Mo.</u>		22c. DATE SIGNED <u>3/4/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-6-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Indian Creek</u>	23d. LOCATION (City, town, or county) (State) <u>New Hartford, Missouri</u>
24. FUNERAL DIRECTOR <u>Harold Kirks, Bowling Green, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-6-1963</u>	26. REGISTRAR'S SIGNATURE <u>Maidie E. Williams</u>

(Licensed Embalmer's Statement on Reverse Side)

Burial permit issued May. 6-1963
Maidee C. Williams - Local registrar.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harold Kink

Licensed Embalmer No. 4597

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.